

98-18-06

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1745 B

TRANSMITTAL  
FORM

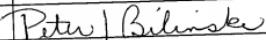
(to be used for all correspondence after initial filing)

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.		Application Number	09/910,399-Conf. #9658
		Filing Date	July 20, 2001
		First Named Inventor	Michael W. LaCourt
		Art Unit	1743
		Examiner Name	Jan M. Ludlow
Total Number of Pages in This Submission	22	Attorney Docket Number	961_006RCE

## ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Check in the Amount of \$450.00, Return Mairoom Postcard; and Certificate of Express Mailing
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application		
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		
Express Mail Label No. EV 318224982 US		

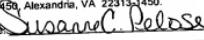
## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	WALL MARJAMA & BILINSKI LLP		
Signature			
Printed name	Peter J. Bilinski		
Date	August 17, 2006	Reg. No.	35,067

## Transmittal

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 318224982 US, on the date shown below in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1650, Alexandria, VA 22313-1450.

Dated: August 17, 2006

Signature:  (Susanne C. Arezano)

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Complete if Known

Effective on 12/08/2004.

FEE TRANSMITTAL  
For FY 2005 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 450.00)

Application Number 09/910,399-Conf. #9658

Filing Date July 20, 2001

First Named Inventor Michael W. La Court

Examiner Name Jan M. Ludlow

Art Unit 1743

Attorney Docket No. 961\_006RCE

## METHOD OF PAYMENT (check all that apply)

<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number 50-0289 Deposit Account Name Wall Marjama & Bilinski LLP				
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments		

## FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES		SEARCH FEES		EXAMINATION FEES			
Application Type	Fee (\$)	FILING FEES		SEARCH FEES			
		Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES		Small Entity	
Fee Description	Fee (\$)	Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)		50	25
Each independent claim over 3 (including Reissues)		200	100
Multiple dependent claims		360	180

3. APPLICATION SIZE FEE		Multiple Dependent Claims	
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)

Indep. Claims		Multiple Dependent Claims		
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)

4. OTHER FEE(S)		Fee (\$)		Fee Paid (\$)	
Non-English Specification. \$130 fee (no small entity discount)		Fee (\$)		Fee Paid (\$)	
Other (e.g., late filing surcharge): 1252 Extension for response within second month		450.00			

SUBMITTED BY	<i>Peter J. Bilinski</i>	Registration No. (Attorney/Agent) 35,067	Telephone (315) 425-9000
Signature	<i>Peter J. Bilinski</i>	Date	August 17, 2006
Name (Print/Type)			

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Dated: August 17, 2006

Signature: *Susanne C. Pelose* (Susanne C. Pelose)